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PA Customer Spending & Effect

- New or weekly Customers & Spending:
  - Customers per week – 344
  - Average transaction per consumer – $35
  - Vape Shops in Pennsylvania – 200
  - Pennsylvania Vape Shop consumer – 68,800
  - U.S. Vape Shop consumer – 9,000,000

United States Sales tax

- Vape Shop consumers: 9 Million
  - Average Transaction per consumer/per week: $35.00
- Average Sales Tax: 6.5% or $2.27
- WEEKLY SALES TAX REVENUE: $20.5 Million
- ANNUAL SALES TAX REVENUE: $1.064 Billion

Tobacco Tax *vs.* Healthcare Cost

- Annual Tobacco Tax Revenue (2015): $15 Billion
  - Projected 2016: $26 Billion
- Healthcare cost annually: $170 Billion
  - (Action on Smoking & Health)
- Medicaid Healthcare Cost: $48 Billion
  - (The State Budget Solution)

- 87% Higher than the Government receives from cigarette tax and settlement

New CDC Data: More Than 9 Million Adults Vape Regularly in the United States

A recently released report by the Centers for Disease Control and Prevention (CDC) showed that in 2014, 3.7 percent of American adults used electronic cigarettes or vapor products on a regular basis. That figure represents more than 9 million adult consumers, according to the U.S. Census Bureau.

E-cigarettes are tobacco-free technology products, which are increasingly being used as smoking cessation tools for traditional cigarette users. The National Health Interview Survey also revealed that 12.6 percent of adults in the U.S. have tried an e-cigarette at least once.

Key CDC Survey Findings:

- About 3.7 percent of adults used e-cigarettes every day or some days;
- Almost one-half of current cigarette smokers (47.6%) and more than one-half of recent former cigarette smokers (55.4%) had ever tried an e-cigarette;
- About one in six current cigarette smokers (15.9%) and nearly one in four recent former cigarette smokers (22.0%) currently used e-cigarettes;
- Fewer than 4 percent of adults who had never smoked conventional cigarettes have ever tried an e-cigarette.

The academic research and evidence suggesting e-cigarettes are at least 95 percent and as much as 99 percent healthier than combustible cigarettes continues to mount. Despite the potential boon to public health, tax-hungry lawmakers and fraudulent "public health" groups have waged a war on vaping, pushing for excise taxes on the products throughout the U.S.

Listen to U.S. Senator Ed Markey (D-Mass.) call for an end to the e-cigarette industry:

Read more about the war on vaping in this National Review piece, "Vaping for Tax Freedom."

The same groups that for years argued we had to raise taxes on cigarettes to decrease use are now pushing for tax hikes on the products actually achieving that exact goal among adult smokers.

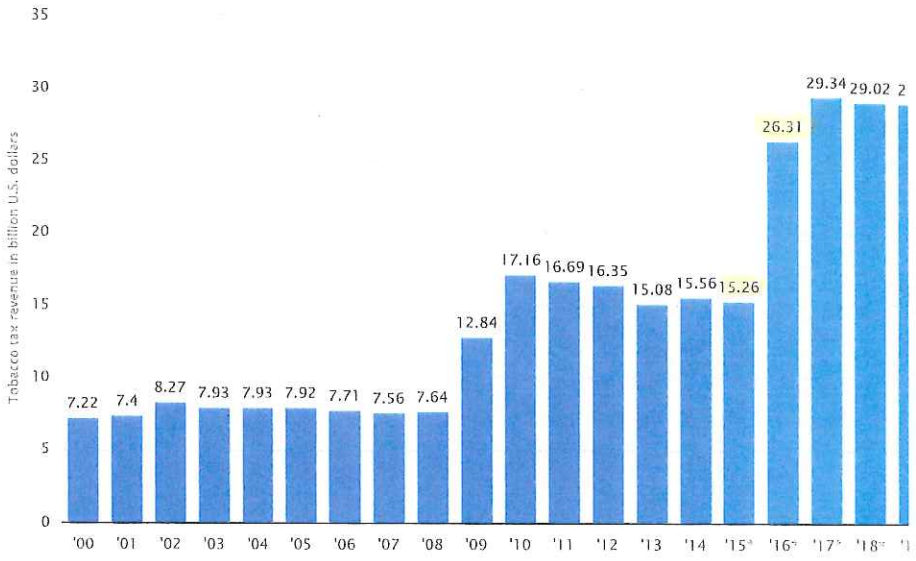
Threats of imposing excise, or "sin taxes" on e-cigarettes have varied state by state. States like Washington, Vermont, and Oregon have considered wholesale tobacco taxes as high as 95 percent. The reaction of the small business vape shops, working in their communities to help smokers quit has been consistent. The threat of taxation stands to kill their businesses, and the public health benefits they are providing.

A recent tax hike imposed in the District of Columbia immediately resulted in the closure of at least one business, which couldn't afford to compete and comply.

Politicians waging a war on vaping are doing so to balance bloated budgets on the backs of smokers trying to live healthier lives. If these big government bureaucrats wanted to help people actually quit smoking, they would embrace the growing evidence suggesting these products could save governments billions in health

Tobacco tax revenue and forecast in the United States from 2000 to 2020* (in bill U.S. dollars)

The statistic shows tobacco tax revenue in the United States from 2000 to 2014, with an additional forecast fro to 2020. In 2014, revenues from tobacco tax amounted to 15.56 billion U.S. dollars. The forecast predicts a incr tobacco tax revenues up to 28.29 billion U.S. dollars in 2020.



Related Premium Statistics

U.S. taxpayers bear 60% of the cost of smoking-related diseases, study finds

Published December 16, 2014

Cigarette smoking generates as much as **$170 billion in annual health care spending in the United States,** according to a new study co-authored by researchers at Georgia State University's School of Public Health, the Centers for Disease Control and Prevention (CDC) and RTI International.

Dr. Terry F. Pechacek, a professor of health management and policy at Georgia State, was the senior author of the study, "Annual Healthcare Spending Attributable to Cigarette Smoking (An Update)," which was published Wednesday by the *American Journal of Preventive Medicine*.

The study found that taxpayers bear 60 percent of the cost of smoking-attributable diseases through publicly funded programs such as Medicare and Medicaid. **Despite declines in the rates of smoking in recent years, the costs on society due to smoking have increased.**

Researchers found that smoking is responsible for:

- $45 billion in of Medicare spending per year,
- $39.9 billion in Medicaid spending per year and
- $23.8 billion in spending for other government-sponsored insurance programs per year.

The researchers concluded smoking accounts for 8.7 percent of annual healthcare spending in the U.S.

The analysis, conducted in 2013, used data from the 2006-2010 Medical Expenditure Panel Survey and 2004-2009 National Health Interview Survey.

Cigarette smoking remains a leading cause of serious, preventable disease in the United States, with adults reporting at least 14 million major medical conditions attributable to smoking.

The study concludes that **"comprehensive tobacco control programs and policies are still needed** to continue progress toward ending the tobacco epidemic in the U.S. 50 years after the release of the first Surgeon General's report on smoking and health."

SOURCE: here

Stand up against Big Tobacco. Don't be a target.

Related Content

E-cigarettes proving to be a danger to teens

CVS Health Quits U.S. Chamber Over Stance on Smoking

STATE BUDGET SOLUTIONS
REAL Solutions for REAL Budget Problems

RESEARCH

E-Cigarettes Poised to Save Medicaid Billions

State Budget Solutions | by *J. Scott Moody* | March 31, 2015

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STATE BUDGET SOLUTIONS POLICY ANALYSIS

E-Cigarettes Poised to Save Medicaid Billions

Electronic cigarettes (e-cigs) have only been around since 2006, yet their potential to dramatically reduce the damaging health impacts of traditional cigarettes has garnered significant attention and credibility. Numerous scientific studies show that e-cigs not only reduce the harm from smoking, but can also be a part of the successful path to smoking cessation.

The term "e-cig" is misleading because there is no tobacco in an e-cig, unlike a traditional, combustible cigarette. The e-cig uses a battery-powered vaporizer to deliver nicotine via a propylene-glycol solution-which is why "smoking" an e-cig is called "vaping." The vapor is inhaled like a smoke from a cigarette, but does not contain the carcinogens found in tobacco smoke.

Unlike traditional nicotine replacement therapy (NRT), such as gum or patches, e-cigs mimic the physical routine of smoking a cigarette. As such, e-cigs fulfill both the chemical need for nicotine and physical stimuli of smoking. This powerful combination has led to the increasing demand for e-cigs-8.2% use among nondaily smokers and 6.2% use among daily smokers in 2011.[1]

The game-changing potential for dramatic harm reduction by current smokers using e-cigs will flow directly into lower healthcare costs dealing with the morbidity and mortality stemming from smoking combustible cigarettes. These benefits will particularly impact the Medicaid system where the prevalence of cigarette smoking is twice that of the general public (51% versus 21%, respectively).

Based on the findings of a rigorous and comprehensive study on the impact of cigarette smoking on Medicaid spending, the potential savings of e-cig adoption, and the resulting tobacco smoking cessation and harm reduction, could have been up to $48 billion in Fiscal Year (FY) 2012.[2] This savings is 87% higher than all state cigarette tax collections and tobacco settlement collections ($24.4 billion) collected in that same year.

Unfortunately, the tantalizing benefits stemming from e-cigs may not come to fruition if artificial barriers slow their adoption among current smokers. These threats range from the Food and Drug Administration regulating e-cigs as a pharmaceutical to states

extending their cigarette tax to e-cigs. To be sure, e-cigs are still a new product and should be closely monitored for long-term health effects. However, given the long-term fiscal challenges facing Medicaid, the prospect of large e-cigs cost savings is worth a non-interventionist approach until hard evidence proves otherwise.

Prevalence of Smoking in the Medicaid Population

Table 1
Smokers Represent Significantly Larger Proportion of Medicaid Recipients than General Population
2011

State	Percent Smokers		Medicaid Enrollment	Number of Smokers on Medicaid
	Medicaid	General Population		
United States	51%	21.2% (median)	68,372,045	36,461,209
Alabama	52%	24.3%	938,313	487,923
Alaska	68%	22.9%	135,059	91,840
Arizona	49%	19.2%	1,989,470	974,840
Arkansas	54%	27.0%	777,833	420,030
California	45%	13.7%	11,500,583	5,175,262
Colorado	61%	18.3%	733,347	447,342
Connecticut	49%	17.1%	729,294	357,354
Delaware	58%	21.7%	223,225	129,471
Florida	46%	19.3%	3,829,173	1,761,420
Georgia	42%	21.2%	1,925,269	808,613
Hawaii	62%	16.8%	313,629	194,450
Idaho	62%	17.2%	409,456	253,863
Illinois	58%	20.9%	2,900,614	1,682,356
Indiana	68%	25.6%	1,208,207	821,581
Iowa	61%	20.4%	544,620	332,218
Kansas	54%	22.0%	363,755	196,428
Kentucky	65%	29.0%	1,065,840	692,796
Louisiana	43%	25.7%	1,293,869	556,364
Maine	63%	22.8%	327,524	206,340
Maryland	51%	19.1%	1,003,548	511,809
Massachusetts	53%	18.2%	1,504,611	797,444
Michigan	64%	23.3%	2,265,277	1,449,777
Minnesota	54%	19.1%	989,600	534,384
Mississippi	35%	26.0%	775,314	271,360
Missouri	66%	25.0%	1,126,505	743,493
Montana	70%	22.1%	136,442	95,509
Nebraska	64%	20.0%	284,000	181,760
Nevada	62%	22.9%	363,357	225,281
New Hampshire	80%	19.4%	152,182	121,746
New Jersey	36%	16.8%	1,304,257	469,533
New Mexico	50%	21.5%	571,621	285,811
New York	54%	18.1%	5,421,232	2,927,465
North Carolina	63%	21.8%	1,892,541	1,192,301
North Dakota	63%	21.9%	85,094	53,609
Ohio	65%	25.1%	2,526,533	1,642,246
Oklahoma	58%	26.1%	852,603	494,510
Oregon	67%	19.7%	690,364	462,544
Pennsylvania	70%	22.4%	2,443,909	1,710,736
Rhode Island	48%	20.0%	221,041	106,100
South Carolina	41%	23.1%	978,732	401,280
South Dakota	69%	23.0%	134,798	93,011
Tennessee	58%	23.0%	1,488,267	863,195
Texas	43%	19.2%	4,996,318	2,148,417
Utah	54%	11.8%	366,271	197,786
Vermont	67%	19.1%	184,088	123,339
Virginia	58%	20.9%	1,016,419	589,523
Washington	67%	17.5%	1,371,987	919,231
West Virginia	67%	28.6%	411,218	275,516
Wisconsin	63%	20.9%	1,292,799	814,463
Wyoming	62%	23.0%	76,372	47,351
District of Columbia	51%	20.8%	235,665	120,189

Source: Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, and State Budget Solutions

According to the Centers for Disease Control and Prevention, in 2011, 21.2% of Americans smoked combustible cigarettes. However, as shown in Table 1, the smoking rate varies considerably across states with the top three states being Kentucky (29%), West Virginia (28.6%), and Arkansas (27%) and the three lowest states being Utah (11.8%), California (13.7%), and New Jersey (16.8%).[3]

Additionally, the smoking rate varies dramatically by income level. Nearly 28% of people living below the poverty line smoke while 17% of people living at or above the poverty line smoke.[4]

As a consequence, the level of smoking prevalence among Medicaid recipients is more than twice that of the general public, 51% versus 21%, respectively. However, this too varies considerably across states with the top three states being New Hampshire (80%), Montana (70%), and Pennsylvania (70%) and the three lowest states being Mississippi (35%), New Jersey (36%), and South Carolina (41%).[5]

In absolute terms, the U.S. Medicaid system includes 36 million smokers out of a total Medicaid enrollment of over 68 million. As such, this places much of the health burden and related financial cost of smoking on the Medicaid system which strains the system and takes away scarce resources from the truly needy.

Economic Benefit of Smoking Cessation and Harm Reduction

Smoking creates large negative externalities due to adverse health impacts. Table 2 shows the results of a comprehensive study that quantified the two major costs of smoking in 2009-lost productivity and healthcare costs.[6]

Lost productivity occurs when a person dies prematurely due to smoking or misses time from work due to smoking. This cost the economy $185 billion in lost output in 2009.

Smokers incur higher healthcare costs when those individuals require medical services

such as ambulatory care, hospital care, prescriptions, and neonatal care for conditions caused by smoking. This cost the economy $116 billion in extra medical treatments.

Overall, in 2009 alone, the negative externalities of smoking cost the U.S. economy $301 billion in lost productivity and higher healthcare costs. Not surprisingly, these costs were centered in high population states such as California ($26.9 billion), New York ($20.6 billion), and Texas ($20.4 billion).

Literature Review On E-cig Impact On Harm Reduction Through Reduced Toxic Exposure and Smoking Cessation

E-cigs have only been around since 2006, yet their potential to dramatically reduce the damaging health impacts of traditional combustible cigarettes has garnered significant attention and credibility. Numerous scientific studies are showing that e-cigs not only reduce the harm from smoking, but is also a successful path to smoking cessation.

News & Events

FDA NEWS RELEASE

For Immediate Release: July 22, 2009

Media Inquiries: Siobhan DeLancey, 301-796-4668, siobhan.delancey@fda.hhs.gov
Consumer Inquiries: 888-INFO-FDA

FDA and Public Health Experts Warn About Electronic Cigarettes

The U.S. Food and Drug Administration today announced that a laboratory analysis of electronic cigarette samples has found that they contain carcinogens and toxic chemicals such as diethylene glycol, an ingredient used in antifreeze.

Electronic cigarettes, also called "e-cigarettes," are battery-operated devices that generally contain cartridges filled with nicotine, flavor and other chemicals. The electronic cigarette turns nicotine, which is highly addictive, and other chemicals into a vapor that is inhaled by the user.

These products are marketed and sold to young people and are readily available online and in shopping malls. In addition, these products do not contain any health warnings comparable to FDA-approved nicotine replacement products or conventional cigarettes. They are also available in different flavors, such as chocolate and mint, which may appeal to young people.

Public health experts expressed concern that electronic cigarettes could increase nicotine addiction and tobacco use in young people. Jonathan Winickoff, M.D., chair of the American Academy of Pediatrics Tobacco Consortium and Jonathan Samet, M.D., director of the Institute for Global Health at the Universit of Southern California, joined Joshua Sharfstein, M.D., principal deputy commissioner of the FDA, and Matthew McKenna, M.D., director of the Office of Smoking and Health for the Centers for Disease Control and Prevention, to discuss the potential risks associated with the use of electronic cigarettes.

"The FDA is concerned about the safety of these products and how they are marketed to the public," said Margaret A. Hamburg, M.D., commissioner of food and drugs.

Because these products have not been submitted to the FDA for evaluation or approval, at this time the agency has no way of knowing, except for the limited testing it has performed, the levels of nicotine or the amounts or kinds of other chemicals that the various brands of these products deliver to the user.

The FDA's Division of Pharmaceutical Analysis analyzed the ingredients in a small sample of cartridges from two leading brands of electronic cigarettes. In one sample, the FDA's analyses detected diethylene glycol, a chemical used in antifreeze that is toxic to humans, and in several other samples, the FDA analyses detected carcinogens, including nitrosamines. These tests indicate that these products contained detectable levels of known carcinogens and toxic chemicals to which users could potentially be exposed.

The FDA has been examining and detaining shipments of e-cigarettes at the border and the products it ha examined thus far meet the definition of a combination drug-device product under the Federal Food, Drug and Cosmetic Act. The FDA has been challenged regarding its jurisdiction over certain e-cigarettes in a case currently pending in federal district court. The agency is also planning additional activities to address its concerns about these products.

Health care professionals and consumers may report serious adverse events (side effects) or product quality problems with the use of e-cigarettes to the FDA's MedWatch Adverse Event Reporting program either online, by regular mail, fax or phone.

- Online: http://www.fda.gov/Safety/MedWatch/default.htm[11]

GOV.UK

Press release
E-cigarettes around 95% less harmful than tobacco estimates landmark review

From: Public Health England (https://www.gov.uk/government/organisations/public-health-england)
First published: 19 August 2015
Part of: Smoking (https://www.gov.uk/government/policies/smoking)

Expert independent review concludes that e-cigarettes have potential to help smokers quit.

An expert independent evidence review (https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update) published today by Public Health England (PHE) concludes that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking.

Key findings of the review include:

- the current best estimate is that e-cigarettes are around 95% less harmful than smoking
- nearly half the population (44.8%) don't realise e-cigarettes are much less harmful than smoking
- there is no evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers

The review, commissioned by PHE and led by Professor Ann McNeill (King's College London) and Professor Peter Hajek (Queen Mary University of London), suggests that e-cigarettes may be contributing to falling smoking rates among adults and young people. Following the review PHE has published a paper on the implications of the evidence for policy and practice (https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update).

The comprehensive review of the evidence finds that almost all of the 2.6 million adults using e-cigarettes in Great Britain are current or ex-smokers, most of whom are using the devices to help them quit smoking or to prevent them going back to cigarettes. It also provides reassurance that very few adults and young people who have never smoked are becoming regular e-cigarette users (less than 1% in each group).

However, the review raises concerns that increasing numbers of people think e-cigarettes are equally or more harmful than smoking (22.1% in 2015, up from 8.1% in 2013: ASH Smokefree GB survey) or don't know (22.7% in 2015, ASH Smokefree GB survey).

Despite this trend all current evidence finds that e-cigarettes carry a fraction of the risk of smoking.

Emerging evidence suggests some of the highest successful quit rates are now seen among smokers who use an e-cigarette and also receive additional support from their local stop smoking services.

Professor Kevin Fenton, Director of Health and Wellbeing at Public Health England said:

> " Smoking remains England's number one killer and the best thing a smoker can do is to quit completely, now and forever.
>
> E-cigarettes are not completely risk free but when compared to smoking, evidence shows they carry just a fraction of the harm. The problem is people increasingly think they are at least as harmful and this may be keeping millions of smokers from quitting. Local stop smoking services should look to support e-cigarette users in their journey to quitting completely."

Professor Ann McNeill, King's College London and independent author of the review, said:

> " There is no evidence that e-cigarettes are undermining England's falling smoking rates. Instead the evidence consistently finds that e-cigarettes are another tool for stopping smoking and in my view smokers should try vaping and vapers should stop smoking entirely.
>
> E-cigarettes could be a game changer in public health in particular by reducing the enormous health inequalities caused by smoking."

Professor Peter Hajek, Queen Mary University London and independent author of the review said:

> " My reading of the evidence is that smokers who switch to vaping remove almost all the risks smoking poses to their health. Smokers differ in their needs and I would advise them not to give up on e-cigarettes if they do not like the first one they try. It may take some experimentation with different products and e-liquids to find the right one."

Professor Linda Bauld, Cancer Research UK's expert in cancer prevention, said:

> " Fears that e-cigarettes have made smoking seem normal again or even led to people taking up tobacco smoking are not so far being realised based on the evidence assessed by this important independent review. In fact, the overall evidence points to e-cigarettes actually helping people to give up smoking tobacco."
>
> " Free Stop Smoking Services remain the most effective way for people to quit but we recognise the potential benefits for e-cigarettes in helping large numbers of people move away from tobacco.
>
> Cancer Research UK is funding more research to deal with the unanswered questions around these products including the longer-term impact."

Lisa Surtees, acting director at Fresh Smoke Free North East, the first region where all local stop smoking services are actively promoted as e-cigarette friendly, said:

> " Despite making great strides to reduce smoking, tobacco is still our biggest killer. Our region has always kept an open mind towards using electronic cigarettes as we can see the massive potential health benefits from switching.
>
> All of our local NHS Stop Smoking Services now proactively welcome anyone who wants to use these devices as part of their quit attempt and increase their chance of success."

Ends

Public Health England press office

Email phe-pressoffice@phe.gov.uk

Telephone 020 7654 8400

Out of hours telephone 020 8200 4400

Please contact PHE press office for:

- the full review E-cigarettes: an evidence update - A report commissioned by Public Health England (https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update)
- interviews with PHE spokespeople or the review's independent authors
- case studies of stop smoking services who work with e-cigarette users and smokers who have quit completely with a combination of e-cigarettes and attending a service

Notes to Editors:

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health. www.gov.uk/phe (http://www.gov.uk/phe), Twitter: @PHE_uk (https://twitter.com/PHE_uk), Facebook: www.facebook.com/PublicHealthEngland (http://www.facebook.com/PublicHealthEngland)

PHE's remit letter for 2014 to 2015 requested an update of the evidence around e-cigarettes. PHE commissioned Professors Ann McNeill and Peter Hajek to review the available evidence. The review builds on previous evidence summaries published by PHE in 2014.

The full list of authors of the report are:

- McNeill A, Brose LS, Calder R, Hitchman SC: Institute of Psychiatry, Psychology & Neuroscience, National Addiction Centre, King's College London and UK Centre for Tobacco & Alcohol Studies
- Hajek P, McRobbie H (Chapters 9 and 10): Wolfson Institute of Preventive Medicine, Barts and The London School of Medicine and Dentistry Queen Mary, University of London and UK Centre for Tobacco & Alcohol Studies

Implications of the evidence for policy and practice: Based on the findings of the evidence review PHE advises that:

- e-cigarettes have the potential to help smokers quit smoking, and the evidence indicates they carry a fraction of the risk of smoking cigarettes but are not risk free
- e-cigarettes potentially offer a wide reach, low-cost intervention to reduce smoking in more deprived groups in society where smoking is elevated, and we want to see this potential fully realised
- there is an opportunity for e-cigarettes to help tackle the high smoking rates among people with mental health problems, particularly in the context of creating smokefree mental health units
- the potential of e-cigarettes to help improve public health depends on the extent to which they can act as a route out of smoking for the country's eight million tobacco users, without providing a route into smoking for children and non-smokers. Appropriate and proportionate regulation is essential if this goal is to be achieved
- local stop smoking services provide smokers with the best chance of quitting successfully and we want to see them engaging actively with smokers who want to quit with the help of e-cigarettes
- we want to see all health and social care professionals providing accurate advice on the relative risks of smoking and e-cigarette use, and providing effective referral routes into stop smoking services
- the best thing smokers can do for their health is to quit smoking completely and to quit for good. PHE is committed to ensure that smokers have a range of evidence-based, effective tools to help them to quit. We encourage smokers who want to use e-cigarettes as an aid to quit smoking to seek the support of local stop smoking services
- given the potential benefits as quitting aids, PHE looks forward to the arrival on the market of a choice of medicinally regulated products that can be made available to smokers by the NHS on prescription. This will provide assurance on the safety, quality and effectiveness to consumers who want to use these products as quitting aids
- the latest evidence will be considered in the development of the next Tobacco Control Plan for England with a view to maximising the potential of e-cigarettes as a route out of smoking and minimising the risk of their acting as a route into smoking

From October this year it will be an offence to sell e-cigarettes to anyone under the age of 18 or to buy e-cigarettes for them. The government is consulting on a comprehensive array of regulations (https://www.gov.uk/government/consultations/draft-regulations-on-the-sale-and-manufacture-of-tobacco-products) under the European Tobacco Products Directive.

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Smoking Cessation Health Center
Benefits of E-Cigarettes May Outweigh Harms: Study

Findings run counter to recent calls for strict regulation

WebMD News from HealthDay

WebMD News Archive

By Steven Reinberg

HealthDay Reporter

WEDNESDAY, July 30, 2014 (HealthDay News) -- Strict regulation of electronic cigarettes isn't warrante based on current evidence, a team of researchers says.

On the contrary, allowing e-cigarettes to compete with regular cigarettes might cut tobacco-related deatl and illness, the researchers concluded after reviewing 81 prior studies on the use and safety of the nicotin emitting devices.

"Current evidence suggests that there is a potential for smokers to reduce their health risks if electronic cigarettes are used in place of tobacco cigarettes and are considered a step toward ending all tobacco and nicotine use," said study researcher Thomas Eissenberg, co-director of the Center for the Study of Tobacc Products at Virginia Commonwealth University in Richmond.

The study, partly funded by the U.S. National Institutes of Health, was published July 30 in the journal *Addiction*.

Whether e-cigarettes should be regulated, and how strictly, is being debated by regulatory agencies arou the world. Several medical organizations have called for restrictions on use of the increasingly popular devices.

Although long-term risks of e-cigarettes remain unknown, the new study concluded the benefits of e-cigarettes as a no-smoking aid outweigh potential harms.

"If there are any risks, these will be many times lower than the risks of smoking tobacco," said senior auth Dr. Hayden McRobbie, from the Wolfson Institute of Preventive Medicine at Queen Mary University of London.

"We need to think carefully about how these products are regulated," he said. "What we found is that the

is no evidence that these products should be regulated as strictly as tobacco, or even more strictly than tobacco."

No evidence has shown that the vapor produced by e-cigarettes is harmful to users or bystanders in contrast to cigarette smoke, he added. It's not the nicotine in cigarettes that kills people, he said. (Nicotine is the addictive agent in cigarettes).

"Use of e-cigarettes by people who don't smoke is very rare," McRobbie said. Furthermore, there is no evidence to support arguments that e-cigarettes are a gateway to smoking tobacco, he added.

"There is evidence that e-cigarettes enable some users to quit smoking or reduce their consumption," McRobbie said. "If there is evidence that e-cigarettes reduce smoking-related harm, then they need to be easily obtainable and not regulated more strongly than tobacco products."

continued...

Dr. Norman Edelman, a senior medical consultant for the American Lung Association, disagrees. The U.S. Food and Drug Administration should have authority over all tobacco products and e-cigarettes, said Edelman, a professor of medicine and physiology and biophysics at the State University of New York at Stony Brook.

"It is imperative that the FDA finalize proposed e-cigarette regulations by the end of 2014," he said. "The FDA needs to crack down on quit-smoking and other health claims that e-cigarette companies are making Edelman said.

Edelman said it's too soon to know if e-cigarettes will cause long-term damage. "So far there hasn't been very much chronic use of e-cigarettes. So it's not possible to say there will be no harm," he said.

"Since we are talking about a recreational drug -- it's not essential to life, it doesn't cure any illness -- it would only make sense to regulate it rigorously until we find out whether it's good or bad," Edelman said.

Earlier this month, the Forum of International Respiratory Societies, which includes more than 70,000 members worldwide, urged governments to ban or limit e-cigarettes until more is known about their healt effects.

And this month, the American Medical Association requested tighter restrictions on the sale and marketir of e-cigarettes.

The AMA's recommendations include a minimum age of purchase; childproof packaging; restrictions on flavors that appeal to young people, and a ban on unsupported claims that the devices help people quit smoking.

Preventing the marketing of e-cigarettes to minors is another priority, the medical association says.

Slideshow: 13 Best Quit-Smoking Tips Ever